



Preferred Drug List
Generic Medication Policy
Dispensing Limitations
Prescribing Guidelines

ClearScriptSM



INTRODUCTION

For the most up-to-date information about National Pharmaceutical Services®/Pharmaceutical Technologies, Inc.® (P.T.I.®) Formulary (the Formulary), please see the Formulary information on our website at www.pti-nps.com. This Formulary includes most, but not all, therapeutic classes of prescription drugs and is subject to change at any time upon review by PTI. Our national Formulary is reviewed each quarter by a Pharmacy and Therapeutics (P&T) Committee. The Formulary applies only to outpatient prescription medications dispensed by participating pharmacies. It does not apply to inpatient medications or the medications obtained from and/or administered by a physician. All information in the Formulary is provided as a reference for drug therapy selection. Physicians and pharmacists are encouraged to review the Formulary and utilize it when prescribing for our members. This is extremely important since a member's prescription benefit is based on medications being prescribed from the Formulary. The Formulary is not intended to interfere with independent medical judgment that is based upon the patient-physician relationship. The final choice of specific drug selection for an individual patient rests solely with the prescriber. Products on the Formulary may not include all strengths or dosage forms associated with the brand name product. All drugs included on the Formulary are not necessarily covered by each member's prescription drug benefit plan. ***The inclusion of a drug on this list does not imply coverage under all plans. Coverage of listed products will be subject to limitations of the prescription drug benefit plan design. Members should consult their prescription drug benefit manual or contact a customer service representative to determine specific coverage.***

DEVELOPMENT OF THE DRUG FORMULARY

The multitude of drugs available in the consumer market makes it mandatory that plans introduce a sound program of drug usage. This tool is developed to ensure members receive the best care and protection possible in a cost-effective manner. Such a program should involve the thorough evaluation, selection, and use of medicinal agents. This is the basis for rational drug therapy. The concept of a Formulary provides a method for achieving rational drug therapy in a cost-effective manner, while providing optimal therapeutic outcomes for the member. The Formulary is the cornerstone of drug therapy quality assurance and cost containment efforts. A Formulary supports and maximizes the effectiveness of prescribing guidelines and protocols for therapy. As such, the development and maintenance of the Formulary is necessarily an on-going and dynamic process.

The Formulary is a continually revised compilation of pharmaceuticals which reflects the current clinical judgment of the Pharmacy and Therapeutics Committee as they evaluate, appraise, and select from the numerous available medicinal agents and dosage forms that are considered most useful in patient care. The P&T Committee considers published scientific and clinical data, treatment guidelines, FDA approved indications, plan utilization and cost in the selection process. It is the ultimate goal of the P&T Committee to make the Formulary comprehensive, pro-active, and easy to use.

The Formulary system also serves other purposes. By minimizing duplication, it lowers the costs to clients of PTI of providing the prescription drug cost benefit to its members. All of these factors result in lower drug costs for the drug benefit plan. Some drugs that are included in the Formulary may be excluded from coverage under certain benefit plans. The Formulary is designed around the drug product's ability to restore the member's health and sustain or improve their quality of life. As you use the Formulary, we invite your suggestions to improve the format or content. On behalf of our self-insured employer groups, Pharmacy SmartCard members, and all at-risk plans, we want to thank you for your cooperation in using our global Formulary.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The P&T Committee includes physicians and pharmacists. They must adhere to the standards of the ethics policy set forth by the P&T Committee. They review the medications in each therapeutic class for efficacy, adverse events, and cost of treatment, and then select agents in each category for inclusion/exclusion in the Formulary. The maintenance of the Formulary is a dynamic process, and new medications and information concerning existing medications are continually reviewed by the P&T Committee.

PRODUCT SELECTION CRITERIA

When a new drug is considered for Formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently on Formulary. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in deletion or non-Formulary (NF) status of drug(s) in a particular therapeutic class, in an effort to continually promote the most clinically useful and cost-effective agents.

A central factor in successful management of the Formulary is the review and evaluation of the drug products available in the consumer market and a means to make changes to the Formulary in response to changing therapies and economic factors. The P&T Committee utilizes the following criterion in the evaluation of product selection for the Formulary:

- The drug product must demonstrate unequivocal safety for medical use.
- The drug product must be efficacious and be medically necessary for the treatment, maintenance, or prophylaxis of a medical condition.
- The drug product does not have alternative/similar agents on the Formulary that could be substituted.
- The drug product must demonstrate a therapeutic outcome.
- The medical community must accept the drug product for use.
- The drug product must have an equitable cost ratio for the treatment of the medical condition.

FORMULARY CONTROL MEASURES

To promote the most appropriate utilization of selected high risk or higher cost medications, PTI will use one of or a combination of the following to enforce Formulary compliance. (1) NDC lock and block at the point of sale, (2) Formulary filling fee incentives for pharmacists, (3) co-pay differentials for members, (4) on-line Formulary messaging, (5) prior authorization, (6) dollar limits per claim before prior authorization and (7) quantity limitations. The P&T Committee has established Formulary criteria with input from participating physicians and consideration of current medical literature.

FORMULARY MODIFICATION/QUESTIONS

If a physician requests that a new or existing medication be considered for addition to the Formulary, a letter indicating the significant advantages of the drug product over current Formulary medications in this class should be mailed to the following address: Chairman, Pharmacy and Therapeutics Committee • Pharmaceutical Technologies, Inc. • P.O. Box 407 • Boys Town, NE 68010. Or e-mail formulary@pti-nps.com.

THREE-TIER FORMULARY CO-PAYMENT STRUCTURE

This Formulary is divided into three tiers and is color coded to easily identify the status of a particular agent in a therapeutic category on the Formulary. The 1st tier contains generic drugs. All generic medications are included in the first tier and are considered the preferred agents. Generic drugs offer an excellent value to the consumer because they are chemically identical to brand drugs but are priced at a fraction of the cost of the corresponding brand drug. The U.S. Food and Drug Administration (FDA) requires that generic drugs provide the same effectiveness and safety as their brand name counterparts. The FDA requires drug manufacturers to show that the generic version enters the bloodstream the same way, contains the same amount of active ingredient, comes in the same dosage form and is taken the same way as the brand name drug. Members will pay the lowest co-payment for generic medications. These agents can be easily identified in the Formulary as the agents in the green shaded column. The 2nd tier contains Preferred Brand Name Medications. These are medications that are still patent protected and may not have generic alternatives available. The P&T Committee has reviewed these medications and found them to either be therapeutically superior, offer a better outcome for the member, or provide the same therapeutic effect, but save the plan sponsor money compared to an agent in the 3rd tier. Members will pay the middle co-payment for Preferred Brand Name Medications. These agents can be easily identified in the Formulary as the agents in the yellow shaded column. The 3rd tier lists the Non-Preferred Brand Name Medications. These are brand-name drugs that either have equally effective and less costly generic equivalents or may have one or more alternative Preferred Brand Name Medications available in the 2nd tier that provide the same therapeutic effect. You or your doctor may decide that a medication in this category is best for you. If you choose a 3rd tier drug, you may be covered at the highest co-payment level, which still represents a significant savings to you compared to the medication's full retail cost. These agents can be easily identified in the Formulary as the agents in the red shaded column. Refer to your benefit materials, or call the PTI/NPS Help Desk telephone number on your ID card, to determine what level of coverage you have for your prescription drugs.

FORMULARY ALTERNATIVES

Suggested therapeutic alternatives are selected drug products that represent options to non-Formulary medications. On-line Formulary messaging gives pharmacists suggested alternatives for non-preferred agents. Formulary alternatives represent opportunities to help the pharmacy benefit plan sponsor keep the benefit affordable and sustainable. In a three-tier Formulary, preferred alternatives result in lower co-payments for patients and save plan sponsors benefit dollars. Formulary alternatives require the prescriber's authorization and are recommended only after considering patient-specific disease states, contraindications, therapeutic history, present medications and other relevant circumstances.

THERAPEUTIC INTERCHANGE (TI) POLICY

The use of therapeutic interchange programs as part of a comprehensive approach to quality, cost-effective patient care is recommended. Therapeutic interchange is the practice of replacing, with the prescribing physician's approval, a prescription drug originally prescribed for a patient with a prescription drug that is its therapeutic equivalent. Two or more drugs are considered therapeutically equivalent if they can be expected to produce identical levels of clinical effectiveness and sound medical outcomes in patients. The term therapeutic interchange must be distinguished from the term therapeutic substitution. Therapeutic substitution has been defined as a practice in which the pharmacist can substitute any drug believed by the pharmacist to have a similar therapeutic effect as the drug prescribed, without the approval of the prescriber. Therapeutic interchange involves the collaboration of pharmacists and prescribers in reviewing available drug products with equivalent therapeutic effects in order to provide patients with the safest, most rational, and most cost-effective drug therapy. Therapeutic interchange ensures that prescribers are informed regarding drug therapy options. The prescriber retains the authority to decide upon the patient's ultimate therapy. Therapeutic interchange programs are guided by clinically-based prescribing guidelines that are reviewed by the P&T Committee. However, therapeutic interchange is not always about lower drug costs. Therapeutic interchange often occurs when overall healthcare savings can be achieved. Replacing one drug with a more expensive one may result in fewer treatment failures, better patient adherence to the treatment plan, and fewer side effects. Such efficient use of medical resources helps keep medical costs down, improves the patient's access to more affordable healthcare, and enhances the patient's quality of life. Therapeutic interchange requires the authorization of the prescriber. Therapeutic interchange requires the evaluation of each patient prior to changing the medication order. When possible, therapeutic interchange is prospective. When therapeutic interchange is implemented, it is preferable to provide the therapeutic equivalent medication prior to the first dose of prescribed medication. Conducting the therapeutic interchange prior to administration of the first dose to the patient enhances the efficiency of the program and improves patient acceptance.

GENERIC DRUG POLICY

It is the policy of PTI to utilize high quality generic medications when available. A generic drug is identical, or bioequivalent, to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the brand name price. It is the policy of PTI to encourage pharmacies to utilize the same generic product that was distributed by the same company that was dispensed on the original prescription on all subsequent refills for the drug product selection. In 2007, the average price of a generic prescription was 30-80% less than the average price of a brand-name drug. According to the National Association of Chain Drug Stores, a generic prescription averaged \$34.34 while brand-name prescriptions averaged \$119.51. The savings would average over \$1000 per year. Pharmacists may drug product select for a pharmaceutically equivalent (as defined by the FDA Orange Book) when state regulations allow. Otherwise, the pharmacist must get approval from the prescribing physician to use the generic equivalent product. PTI does not recommend that generic substitution be exercised with multi-source products that cannot be considered therapeutically equivalent to others in the same category. It is also recommended that generic substitution not be undertaken for any unrated products that might be considered narrow therapeutic index (NTI) drugs or which are known not to be bioequivalent. Finally, it is important to note that state laws and regulations govern the practice of generic substitution for certain drug products. Requests for exception to the generic policy must clearly document specific reasons for medical necessity and appropriateness.

Medications that have generic equivalents available are covered at a generic reimbursement level and should be prescribed and dispensed in the generic form. Maximum Allowable Cost (MAC) limits have been established for specific dosage forms of these drugs. The MAC list sets a ceiling price for the reimbursement of certain multi-source prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have gone through the FDA's review and approval process.

Providers are reminded of the following:

1. When generic substitution conflicts with state regulations or restrictions, the pharmacist must get approval from the prescriber to use the generic equivalent.
2. Pharmacists are reminded that a drug preceded by an asterisk indicates one or more (but not necessarily all) forms of the drug are subject to a Maximum Allowable Cost (MAC), and the MAC list should be consulted.
3. If a member insists on the brand name product for a prescription of a medication included in the MAC list after their physician has approved the generic version, the patient will have to pay the cost difference between the brand name drug and the MAC amount (ancillary charge). The appropriate dispense as written (DAW) code of 2 should be utilized when submitting the prescription claim for reimbursement.

OVER-THE-COUNTER (OTC) MEDICATIONS

Over-the-counter (OTC) products may be covered and some are listed for informational purposes (when available, non-prescription products may be less costly to the plan than a covered product). If a prescription product is available in the identical strength, dosage form, and active ingredient(s) as an OTC product, the prescription product will not be covered. In these instances, physicians and pharmacists should refer participants to the OTC equivalent product. If the member or physician insists on the prescription equivalent product, the member must pay the entire cost of the prescription.

OFF-LABEL USE OF MEDICATIONS

The Food and Drug Administration (FDA) has required that drugs used in the United States be both safe and effective. The label information or the package insert of a medication indicates drug use only in certain "approved" doses and routes of administration for a particular condition or disease state. The use of a drug for a disease state or condition not listed on the label, or in a dose or by a route not listed on the label, is considered to be a "non-approved" or "un-labeled" or "off-label" use of the drug. A prior authorization is required when a medication is used outside of its FDA approved route of administration, dosage, or indication. Coverage will be determined in the same manner and subject to the same conditions and limitations as any other prescription drug. Prior authorizations for unlabeled uses of medications may be granted provided that: a) the medication is approved by the FDA; and b) two or more peer-reviewed professional medical journals have recognized, based on scientific medical criteria, the safety and effectiveness of the medication or combination of medications, for treatment of the indication for which the medication has been prescribed unless two articles from major peer-reviewed professional medical journals have concluded, based on scientific or medical criteria, that the drug or combination of drugs is unsafe or ineffective or the safety and effectiveness of the drug or combination of drugs cannot be determined for the treatment of the indication for which the drug or combination of drugs has been prescribed.

EXPERIMENTAL MEDICATIONS

Any medication or drug that has not been approved by the FDA to be both safe and effective for use in the United States will not be covered. This includes both FDA approved and non-approved medications that are in experimental or investigational trials to determine new indications, new routes of administration, or new dosage forms.

TABLET SPLITTING

Medications listed in the Formulary in **bold print** represent potential 1/2 tablet opportunities for some strengths. In some instances, cutting higher dosage tablets in half can save as much as 50 percent of the prescription drug cost. Your doctor or pharmacist can tell you if tablet splitting will work for you and if there is a cost savings for the specific medications that you are taking.

PRIOR AUTHORIZATION

To promote appropriate utilization, selected high-risk or high-cost medications may require prior authorization to be eligible for coverage under the member's prescription drug benefit. The P&T Committee has established prior authorization criteria. In order for a member to receive coverage for a medication requiring prior authorization, the member's physician should contact the customer service center at **1-800-546-5677** to obtain a prior authorization request form. Your physician may then be required to document the reason why a Formulary medication is not acceptable for treatment of your disease state or medical condition. Your physician will want to include in his/her letter your diagnosis and previous therapies that have failed.

MAINTENANCE AND NON-MAINTENANCE MEDICATIONS

Prescription drug card benefit plans often differ in their plan design. In some plans, the benefits may vary depending upon whether the medication is considered to be an acute or a maintenance medication. Your medication co-pay and the quantity of medication you can receive in a prescription can vary depending upon the status of your medication. **Non-Maintenance (Acute) Medications:** Acute medications are medications that are to be used for a short period of time. This can include medications that are given as a starter dose. A starter dose of medication is a medication that may become a maintenance medication based on its generic name and strength and has not been obtained within the previous six-month period. Medications such as antibiotics or other agents that are given to cure or treat a condition from which recovery is predicted are considered curative treatments and are classified as non-maintenance medications, or a short-term medication. **Maintenance Medications:** Maintenance medications can also be referred to as long-term medications. The following is the criteria that is used to determine if a medication is a maintenance medication: a) The drug has a low probability for dosage or therapy changes due to side effects, serum drug concentration monitoring, or therapeutic response over a course of prolonged therapy; b) The drug's most common use is to treat a chronic disease state when a therapeutic endpoint cannot be determined. (A drug may have an indication for maintenance therapy but lacks the maintenance drug code if that indication is not the most common use of the drug); c) Therapy with the drug is not considered curative or promoting of recovery; and d) The drug is administered continuously rather than intermittently. The criteria listed above are limited to the typical outpatient use of a drug. Dosage forms that are not practical for large dispensing quantities (such as liquids) or have limited expiration dating are excluded. Drugs known for life-threatening toxicity when taken in overdose may be excluded. Non-drug products and non-prescription drug products, with the exception of insulin (if covered by the plan), are excluded.

NEW DRUGS INTRODUCED INTO THE CONSUMER MARKET

As the U.S. Food and Drug Administration (FDA) approves new drugs and therapies available to the consumer market after the Plan Summary Documents have been distributed, the Drug Benefit Plan reserves the right to extend or deny coverage to these medications after the printing of this document. The Drug Benefit Plan also reserves the right to assign a unique co-pay or coinsurance to these medications and/or limit the quantities of these medications.

Members will receive notices regarding any Drug Benefit Plan modifications concerning drugs or therapies at such time that they present a prescription that is impacted by modifications to the Formulary. Network pharmacies are charged to communicate these updates or changes to the program which may impact a member. The P&T Committee will review new drugs approved by the FDA on a monthly basis. New products with an FDA designation of 1P (FDA priority review – therapeutic advance over currently-marketed drugs) will automatically be considered for addition to the Formulary, even if not requested by a plan. New products with an FDA designation of 1S (FDA standard review – no therapeutic gain over currently marketed drugs) will not generally be considered for addition to the Formulary, unless requested by a plan, or the drug class is currently under review by the P&T Committee. Members wanting to have newly approved therapies considered by the plan may write and/or call the SmartCardSM company servicing the plan or may contact the plan administrator.

DISPENSING LIMITATION LIST

The following list represents the P&T Committee recommendations for dispensing or quantity limitations per a specific amount of time. Quantity limit programming has become an acceptable pharmacy plan practice that may be appropriate to place on some medications. The intentions are to safeguard members' health and save plan benefit dollars. This program ensures members do not receive a prescription for a quantity that exceeds recommended plan limits. Limits are set because some medications have the potential to be abused, misused, shared, or have a manufacturer's limit on the maximum dose. These limits have been reviewed by our clinical and medical staff, and the Pharmacy and Therapeutics Committee. The quantity limits are based on FDA approved dosing schedules, current medical practices, evidence based clinical guidelines, and peer-reviewed medical literature related to that particular drug. The inclusion of a medication on this list does not imply coverage under all plans, nor does the inclusion of a dispensing limitation imply that your specific benefit plan also has the same limitation. **Plans may elect their own limitations.**

Members should consult their prescription drug benefit manual or contact a customer service representative to determine specific coverage and/or inclusion of a medication in the dispensing limitations list, as the list is subject to change.

PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT
Abilify.....	30 tabs/30 days	Concerta 18 mg, 27 mg, & 54 mg.....	30 tabs/30 days	itraconazole.....	90 days supply/calendar yr
Acanya.....	1 jar/30 days	Concerta 36 mg.....	30 tabs/30 days	Januvia.....	30 tabs/30 days
Accolite.....	60 tabs/30 days	Coreg CR.....	30 tabs/30 days	Kadian.....	60 capsules/30 days
Accutane.....	150 days supply/calendar yr	Cozaar.....	30 tabs/30 days	Kapixex.....	30 caps/30 days
Accutane.....	30 days/presc. dispensed	Crestor.....	30 tabs/30 days	Ketek.....	20 tabs/presc. dispensed
Aciphep.....	30 tabs/30 days	Cymbalta 20 mg.....	90 capsules/30 days	ketorolac tabs.....	20 tabs/calendar yr
Actos.....	120 lozenges/30 days	Cymbalta 30 mg.....	30 capsules/30 days	Kytril.....	10 tabs/presc. dispensed
Actos.....	30 tabs/30 days	Cymbalta 60 mg.....	30 capsules/30 days	Lamisil tabs.....	90 days supply/calendar yr
Advair Diskus.....	1 inhaler (60 blisters)/30 days	Denavir.....	1.5 gms/30 days	Latisse.....	3 ml/30 days
Aerochamber.....	1/calendar yr	Detrol.....	60 tabs/30 days	Levaquin.....	14 tabs/presc.
Afinitor.....	30 tabs/30 days	Detrol LA.....	30 capsules/30 days	Levitra.....	6 tabs/30 days
Alvesco.....	1 inhaler/30 days	Diabetic Test Strips,		Lexapro.....	30 tabs/30 days
Ambien.....	30 tabs/30 days	Lancets, Syringes.....	800 units/3 mo. period	Lipitor.....	30 tabs/30 days
Ambien CR.....	30 tabs/30 days	Diovan.....	30 tabs/30 days	LoSeasonique.....	91 tabs/30 days
Amerge 1 mg tabs.....	18 tabs (2 boxes)/30 days	Diovan HCT.....	30 tabs/30 days	Lotrel.....	91 tabs/30 days
Amerge 2.5 mg tabs.....	9 tabs (1 box)/30 days	Edex.....	6 injections/30 days	Lotronex.....	60 tabs/30 days
Amevive.....	Limited to 18 yrs and older	Effexor XR 150 mg.....	60 tabs/30 days	Lotronex.....	Limited to use in females only
amlodipine.....	30 tabs/30 days	Effexor XR 37.5 mg.....	30 tabs/30 days	Lovaza.....	120 capsules/30 days
amlodipine/benazepril.....	30 tabs/30 days	Effexor XR 75 mg.....	30 tabs/30 days	Lumigan.....	5 ml/30 days
amnestem.....	30 days/presc. dispensed	Effient.....	30 tabs/30 days	Lunesta.....	30 tabs/30 days
Amrix.....	30 caps/30 days	Eldel Cream.....	30 gms/presc. dispensed	Luvor CR.....	30 caps/30 days
Anzemet tabs.....	10 tabs/presc. dispensed	Emend.....	5 tabs/presc. dispensed	Lyrica.....	120 capsules/30 days
Aplenzin.....	30 tabs/30 days	Enablex.....	30 tabs/30 days	Maxalt, Maxalt MLT	
Apriso.....	120 caps/30 days	Enbrel 25 mg.....	16 injections/30 days	10 mg tabs.....	12 tabs (2 boxes)/30 days
Aricept.....	30 tabs/30 days	Enbrel 50 mg.....	8 injections/30 days	Maxalt, Maxalt MLT	
Arimidex.....	30 tabs/30 days	Epiduo.....	45 gms/30 days	5 mg tabs.....	24 tabs (4 boxes)/30 days
Asmanex.....	1 inhaler/30 days	epiPen.....	60 tabs/30 days	Micardis.....	30 tabs/30 days
Asterope.....	1 bottle/30 days	Erectile Dysfunction Drugs.....	Limited to use in males only	Micardis HCT.....	30 tabs/30 days
Atacand.....	30 tabs/30 days	Erectile Dysfunction Drugs (Cialis, Levitra, Viagra)		Migranal Nasal Spray.....	16 sprays (2 boxes)/30 days
Atacand HCT.....	30 tabs/30 days	Combined limit of 6 tabs/30 days	Mirapex.....	90 tabs/30 days
Availide.....	30 tabs/30 days	Evamist.....	1 box/30 days	mirtazapine.....	30 tabs/30 days
Avandamet.....	60 tabs/30 days	Evista.....	30 tabs/30 days	Multaq.....	60 tabs/30 days
Avandaryl.....	60 tabs/30 days	Exelon.....	60 tabs/30 days	Muse.....	6 inserts/30 days
Avandia.....	60 tabs/30 days	Exforge.....	30 tabs/30 days	Namenda.....	60 tabs/30 days
Avapro.....	30 tabs/30 days	Fanapt.....	60 tabs/30 days	Nexium.....	30 capsules/30 days
Avelox.....	14 tabs/presc.	Fentora.....	120 tabs/30 days	Niaspan.....	60 tabs/30 days
Avinza.....	30 capsules/30 days	Fexofenadine 180 mg.....	30 tabs/30 days	Noxalvic.....	30 tabs/30 days
Avodart.....	30 capsules/30 days	Fexofenadine 60 mg & 60 mg.....	60 tabs/30 days	Noxafil.....	Limited to 13 yrs and older
Avort 12.5 mg tabs.....	12 tabs (2 boxes)/30 days	finasteride.....	30 tabs/30 days	Nuymeta.....	180 tabs/30 days
Avort 6.25 mg tabs.....	18 tab (3 boxes)/30 days	finasteride.....	Limited to use in males only	omeprazole.....	60 capsules/30 days
Banzel.....	240 tabs/30 days	Flomax.....	60 capsules/30 days	ondansetron DDT tabs.....	10 tabs/presc. dispensed
Benicar.....	30 tabs/30 days	Foradil.....	1 inhaler (60 capsules)/30 days	ondansetron tabs.....	10 tabs/presc. dispensed
Benicar HCT.....	30 tabs/30 days	Frova 2.5 mg tabs.....	18 tabs (2 boxes)/30 days	Oral Contraceptives.....	Limited to use in females only
Budeprion XL 150 mg.....	90 tabs/30 days	Garidil.....	Limited to females 13-26 yrs of age	Ortho Evra.....	3 patches/28 days
Budeprion XL 300 mg.....	60 tabs/30 days	Geodon.....	60 capsules/30 days	oxycodone/APAP.....	not to exceed 4000 mg of APAP/day
Butal/ASA/Caff/Codine.....	180 tabs/30 days	granisetron.....	10 tabs/presc. dispensed	Oxycontin.....	120 tabs/30 days
butorphanol NS.....	2 bottles (2.5 ml ea.)/30 days	Humira 20 mg.....	8 injections/30 days	pantoprazole.....	30 tabs/30 days
Byetta.....	2.4 ml/30 days	Humira 40 mg.....	4 injections/30 days	paroxetine CR.....	60 tabs/30 days
Caduet.....	30 tabs/30 days	hydrocodone/APAP.....	not to exceed 4000 mg of APAP/day	Patanas.....	1 bottle/30 days
carisoprodol.....	120 tabs/30 days	Hyzaar.....	30 tabs/30 days	Paxil CR.....	60 tabs/30 days
carisoprodol/ASA.....	150 tabs/30 days	Imitrex 100 mg tabs.....	9 tabs (1 box)/30 days	PEG-Intron.....	4 syringes/vials/30 days
carisoprodol/ASA/codine.....	120 tabs/30 days	Imitrex 25 mg tabs.....	18 tabs (2 boxes)/30 days	Plan B.....	1 treatment/calendar yr
Casodex.....	30 tabs/30 days	Imitrex 50 mg tabs.....	18 tabs (2 boxes)/30 days	Plavix.....	30 tabs/30 days
Caverject.....	6 injections/30 days	Imitrex injection.....	3 kits (6 injections)/30 days	Prandin.....	60 tabs/30 days
Celebrex.....	60 tabs/30 days	Imitrex Nasal Spray.....	12 sprays (2 boxes)/30 days	Prandin.....	240 tabs/30 days
Chantix.....	60 tabs/30 days	Inspira.....	60 tabs/30 days	Pravachol.....	30 tabs/30 days
Cialis.....	6 tabs/30 days	Intellel.....	120 tabs/30 days	pravastatin.....	30 tabs/30 days
claravis.....	30 days/presc. dispensed	Invoga 3 mg & 9 mg.....	30 tabs/30 days	Prevacid.....	30 tabs/30 days
Clarinox, Clarinox D.....	30 tabs/30 days	Invoga 6 mg.....	60 tabs/30 days	Pristiq.....	30 tabs/30 days
clonazepam.....	120 tabs/30 days	Iressa.....	30 tabs/30 days	ProAir HFA.....	2 inhalers/30 days
Cognez.....	120 capsules/30 days	Isentress.....	60 tabs/30 days	Procrit 2000, 3000, 4000 unit only.....	12/30 days

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PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT
Promacta.....	90 tabs/30 days	Simcor.....	60 tabs/30 days	Trilipix.....	30 caps/30 days
Propoxyphene/APAP.....	not to exceed 4000 mg of APAP/day	simvastatin.....	30 tabs/30 days	Uloric.....	30 tabs/30 days
Protonix.....	30 tabs/30 days	Singulair.....	30 tabs/packets/30 days	Ultram/Ultracet.....	240 tabs/30 days
Prevontil HFA.....	2 inhalers/30 days	Singulair Chewables.....	Limited to 15 yrs and under	Uroxatral.....	30 tabs/30 days
Provigil 100 mg.....	120 tabs/30 days	Sonata tabs.....	30 tabs/30 days	Ventolin HFA.....	2 inhalers/30 days
Provigil 200 mg.....	60 tabs/30 days	sotret.....	30 days/presc. dispensed	Vesicare.....	30 tabs/30 days
Ramexa.....	120 tabs/30 days	Spivria.....	1 inhaler (30 capsules)/30 days	Viagra.....	6 tabs/30 days
Rapaflo.....	30 caps/30 days	Sporanox.....	30 day supply/calendar year	Vimpat.....	60 tabs/30 days
Rapivra.....	Limited to 18 yrs and older	Stadol NS.....	2 bottles (2.5 ml each)/30 days	Vytorin.....	30 tabs/30 days
Razadyne ER.....	30 capsules/30 days	Starlix.....	90 tabs/30 days	Xalatan.....	5 ml/30 days
Rebif.....	12 injections/30 days	Strattera.....	60 capsules/30 days	zaleplon.....	30 tabs/30 days
Regranex.....	15 gms/presc. dispensed	Sumavel DosePro.....	6 injections/30 days	zazole.....	1 tube/30 days
Relenza.....	1 treatment every 180 days	Symbax.....	30 capsules/30 days	Zegerid capsules/powder.....	30/30 days
Relpax 20 mg.....	12 tabs/30 days	Tamiflu.....	1 treatment every 180 days	Zetia.....	30 tabs/30 days
Relpax 40 mg.....	6 tabs/30 days	Tarka.....	30 tabs/30 days	Zocor.....	30 tabs/30 days
Requip XL.....	30 tabs/30 days	Tasmar.....	90 tabs/30 days	Zofran ODT tabs.....	10 tabs/presc. dispensed
Risperdal 4mg.....	120 tabs/30 days	Tektura.....	30 tabs/30 days	Zofran tabs.....	10 tabs/presc. dispensed
Risperdal all strengths except 4 mg.....	60 tabs/30 days	Tektura HCT.....	30 tabs/30 days	zolpidem.....	30 tabs/30 days
Ritalin LA.....	60 capsules/30 days	Terazo 3.....	1 tube/30 days	Zolpimist.....	1 canister/30 days
Rozem.....	30 tabs/30 days	Terazo 7.....	1 tube/30 days	Zomig Nasal Spray.....	12 sprays (2 boxes)/30 days
Sabril.....	180 tabs/30 days	terbinafine tabs.....	90 days supply/calendar yr	Zomig, Zomig Spray.....	2.5 mg tabs..... 12 tabs (2 boxes)/30 days
Samsca.....	60 tabs/30 days	terconazole 3.....	1 tube/30 days	Zomig, Zomig ZMT.....	5 mg tabs..... 6 tabs (2 boxes)/30 days
Sanctura.....	60 tabs/30 days	terconazole 7.....	1 tube/30 days	Zostavax.....	Limited to 60 yrs and older
Sanctura XR.....	30 capsules/30 days	Toradol.....	20 tabs/calendar yr	Zovirax ointment.....	30 grams (2 x 15 gm tubes)/30 days
Sancuso.....	4 transdermal patches/30 days	Toviaz.....	30 tabs/30 days	Zylio CR.....	120 tabs/30 days
Saphris.....	60 sublingual tabs/30 days	tramadol.....	240 tabs/30 days	Zyprexa.....	30 tabs/30 days
Santyl.....	30 grams/presc. dispensed	tramadol/APAP.....	240 tabs/30 days	Zyvox.....	56 tabs/28 days
Savella.....	60 tabs/30 days	Transderm SCOP.....	10 patches/30 days		
Serevent Diskus.....	1 inhaler (60 blisters)/30 days	Travatan, Travatan Z.....	5 ml/30 days		
Seroquel.....	60 tabs/30 days	Treximet.....	10 tabs/30 days		
Seroquel XR.....	60 tabs/30 days	Tricor.....	30 tabs/30 days		

Any member with a request exceeding the current quantity limits should have a letter from their healthcare provider. The letter should include diagnosis, reason for exceeding the quantity limit per month, and what the therapy plan will be for the member (i.e. tapering schedule). In most cases, the quantity limits we have selected are set to maximum dosages and should not be exceeded according to the current manufacturer's recommendations. Prior authorizations for quantity limits exceeding the guidelines will be issued for 6-month intervals and will require a new letter from the member's healthcare provider at the end of the 6-month period.

MEMBER BILL OF RIGHTS

In an effort to recognize the member's rights with respect to healthcare providers, products and pharmacy service, National Pharmaceutical Services (NPS) has adopted the following Member Bill of Rights.

A MEMBER'S RIGHTS INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- To exercise the foregoing rights without regard to age, sex, marital status, sexual orientation, race, color, religion, ethnicity, ancestry, national origin, mental or physical disability, genetic information, health status, source of payment, or utilization of services.
- To be treated with respect and recognition of their dignity and need for privacy.
- To have their prescriptions dispensed and pharmacy services provided from their choice of pharmacy providers in the NPS network. Subject to plan network limitations and restrictions.
- To know the terms and conditions of their prescription drug benefit plan, the content of preferred drug lists, and the procedures for obtaining exemptions or prior authorizations.
- To receive any legally prescribed product, realizing this may require them to bear the expense of such a choice.
- To ask for and receive any supplier's product that will legally fulfill a generically written prescription.
- To obtain relevant, current, and understandable information concerning their medication therapy and its relevance in the treatment plan from their healthcare provider.
- To discuss and request information related to their specific prescribed medication, the possible adverse side effects, and drug interactions.
- To expect that all records and discussions pertaining to their drug therapy will be treated as confidential.
- To expect that their specific information regarding pharmaceutical medications will not be extracted, provided, or sold to outside parties without their informed and expressed written consent.
- To have the opportunity to voice complaints or appeals about NPS, or the care provided at NPS Network Pharmacy Providers, and to an appeals process to ensure fair resolution of a complaint or grievance.

A MEMBER'S RESPONSIBILITIES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- Knowing, understanding and abiding by the terms, conditions and provisions of the NPS-administered prescription drug benefit plan. This information is made available through the Plan Summary Document.
- Paying co-payments, coinsurance, or deductibles as stated in the Plan Summary Document at the time service is provided and accepting financial obligations for services rendered.
- Being knowledgeable about their prescription drug therapy, including risks and limitations.
- Complying with their prescribed drug therapy regimen and maintaining a healthy lifestyle.
- Disclosing relevant information that is necessary for appropriate selection of drug therapy including health status, lifestyle, food and drug allergies, and medication history.
- To participate effectively in decision making, members must take responsibility for requesting information or clarification about the drugs they are taking when they do not fully understand information and instructions.
- To accept personal responsibility if they refuse treatments, medications, or services.
- Carrying their NPS Network SmartCard™ identification card and identifying themselves as a SmartCard holder prior to receiving pharmaceutical products and/or services.

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands		Third Tier Non-Preferred Brands		
ACNE PRODUCTS Coverage Depends On Benefit Design						
Non-Maintenance	Amnesteem Avita Benzoyl Peroxide Benzoyl peroxide/ erythromycin Claravis Clindamycin Emgel Erythromycin Isotretinoin	Metronidazole Sulfacetamide Sodium Sulfur Tretinoin	Benzac Gel Metrogel Topical 1%	Acanya Accutane Atralin Azelex Benzac Benzac AC Benzagel Benzamycin Gel Benzashave 5 Brevoxyl Cleocin	Cleocin T Topical Desquam-X Differin Differin 0.3% Duac Gel Epiduo Klaron Metrocream Metro lotion Noritate Retin-A	Solodyne Triaz Vanoxide
ALZHEIMER'S MEDICATIONS						
Non-Maintenance	Galantamine Galantamine ER		Aricept Cognex Namenda	Exelon Exelon Patches	Razadyne Razadyne ER	
ANAL/RECTAL PRODUCTS						
Non-Maintenance	Hydrocortisone Pramoxine Hydrochloride			Analpram HC Anusol HC Cortenema	Cortifoam Proctocort Proctofoam	
ANTI-ARRHYTHMIC (TO REGULATE HEART RHYTHM)						
Maintenance	Amiodarone Disopyramide Mexiletine Procainamide	Propafenone Quinidine Sotalol Sotalol AF	Tikosyn	Betapace Betapace AF Cordarone Mexitil	Multaq Norpace Norpace CR Pronestyl	Quinaglute Quinidex Rythmol Tambocor
ANTIBIOTICS						
Non-Maintenance	Amoxicillin Amoxicillin/ Clavulanate Ampicillin Azithromycin Cefaclor Cefadroxil Cefdinir Cefixime Cefpodoxime Cefprozil Cefuroxime Cephalexin Cephadrine Ciprofloxacin Clindamycin Clarithromycin Cloxacillin Dicloxacillin Doxycycline Erythromycin Gentamicin	Methenamine Metronidazole Minocycline Neomycin Sulfate Nitrofurantoin Nystatin Ofloxacin Penicillin Rifampin SMX/TMP Sulfadiazine Sulfisoxazole Tetracycline Tobramycin Tocacilin Trimethoprim	Furadantin Furoxone Gantrisin Ketek Levaquin Zmax	Amoxil Augmentin Avelox Bactrim Bactrim DS Biaxin XL Ceclor Ceclor CD Cedax Ceftin Ceftzil Cipro Cipro Cystitis Cipro XR Cleocin Declomycin Doryx Duricef Dynabac Dynabac D5 Pak	E.E.S. Elmiron Eryc Fansidar Flagyl Flagyl ER Floxin Geocillin Hiprex Kantrex Keflex Keftab Lamprene Lincocin Macrobid Macrodantin Minocin Monodox Monurol Moxatag Negggram Noroxin	Omnicef PCE Pediazole Primisol Spectracef Septra Spectrobid Sumycin TAO Tindamax Tobi Vancocin Vantin Velosef Vibratab Xifaxan Z-Pak Zithromax Zyvox
ANTIBIOTICS-TOPICAL						
Non-Maintenance	Bacitracin Gentamicin	Mupirocin Polymyxin B	Akne-Mycin Cortisporin	Altabax Bactroban	Extina	
ANTICONVULSANTS						
Maintenance (all suspension forms are non-maintenance)	Carbamazepine Carbamazepine ER Clonazepam Diazepam Divalproex Divalproex ER Ethosuximide Gabapentin Lamotrigine Levetiracetam	Oxcarbazepine Phenobarbital Phenytoin Primidone Topiramate Valproate Sodium Valproic Acid Zonisamide	Dilantin Felbatol Gabitril Keppra XR Lyrica Tegretol Tegretol XR	Banzel Carbatrol Cerebyx Depakene Depakote Depakote ER Equetro Keppra Klonopin Lamictal	Lamictal ODT Lamictal XR Mysoline Neurontin Sabril Stavzor Topamax Trileptal Vimpat Zarontin	Zonegran
Non-Maintenance	Ethosuximide Suspension Phenytoin Suspension Valproic Acid Suspension		Diastat			
ANTIDEPRESSANTS						
Maintenance	Amitriptyline Amoxapine Bupropion, SR, XL Citalopram Clomipramine Chlordiazepoxide/ Amitriptyline Desipramine Doxepin Fluoxetine Fluvoxamine Imipramine	Maprotiline Mirtazapine Nefazodone Nortriptyline Paroxetine Paroxetine ER Perphenazine/ Amitriptyline Sertraline Tranylcypromine Trazodone Venlafaxine	Cymbalta Venlafaxine ER	Anafranil Aplenzin Aventyl Celexa Desyrel Effexor Effexor XR Elavil Emsam Lexapro Ludiomil Luvox Luvox CR	Marplan Nardil Norpramin Pamelor Parnate Paxil Paxil CR Pristiq Prozac Prozac Wkly Rapiflux Remeron	Remeron Sol Tab Sarafem Sinequan Surmontil Tofranil Tofranil PM Triavil Vivactil Wellbutrin Wellbutrin SR Wellbutrin XL Zoloft
ANTI-DIARRHEALS						
Non-Maintenance	Diphenoxylate/ Atropine Lonox	Loperamide Paregoric		Alinia Imodium Lomotil	Motofen Xifaxan	

Therapeutic Class	First Tier Generics		Second Tier Preferred Brands		Third Tier Non-Preferred Brands		
Antiemetics (For Nausea And/Or Vomiting)							
Non-Maintenance	Granisetron Meclizine Ondansetron Prochlorperazine Promethazine Trimethobenzamide				Antivert Anzemet Compazine Emend Kytril Marinol	Medivert Phenergan Sancuso Scopace Tebamide Tigan	Torecan Transderm Scop Zofran Zofran ODT
Antifungals							
Non-Maintenance	Amphotericin B Fluconazole Griseofulvin Itraconazole Ketoconazole Nystatin				Amphotec Ancobon Bio-Statin Diffucan Fulvicin Fulvicin U/F	Grifulvin Gris-Peg Grisactin Lamisil Mycellex Mycostatin	Nizoral Noxafil Sporanox Sporanox Pulse Pak Vfend
Antifungals - Topical							
Non-Maintenance	Ciclopirox Clotrimazole Clotrimazole/ Betamethasone Econazole Iodoquinol Ketoconazole	Miconazole Nystatin Nystatin/ Triamcinolone Terbinafine			Castellani Paint Exelderm Fungizone Fungoid Tincture Lamisil Loprox Lotrimin	Lotrisone Mentax Naftin Nizoral Oxistat Penlac Nail Lacquer Spectazole	
Antipsychotics							
Maintenance	Chlordiazepoxide Chlordiazepoxide/ Amitriptyline Chlorpromazine Clozapine Fluphenazine Haloperidol Lithium Loxapine	Perphenazine Perphenazine/ Amitriptyline Risperidone Thioridazine Thiothixene Trifluoperazine Trimipramine	Geodon Orap Seroquel Seroquel XR Symbyax Zyprexa Zyprexa Zydys		Abilify Clozaril Eskalith Fanapt Fazaclo Haldol Invega Limbital	Lithobid Loxitane Mellaril Moban Navane Permitil Prolixin Risperdal	Saphris Serentil Stelazine Thorazine Triavil Trilafon
Antivirals							
Maintenance	Acyclovir Amantadine Didanosine Famciclovir Ganciclovir Rimantadine Stavudine Zidovudine		Aptivus Atripla Combivir Crixivan Emtriva Epivir Epivir HBV Epizcom Fuzeon Intelence Invirase Isentress Kaletra Lexiva Norvir Prezista Rescriptor	Reyataz Selzentry Sustiva Tamiflu Trizivir Truvada Valtrex Videx Viracept Viramune Ziagen Zovirax Cream/Oint.	Cytovene Denavir Topical Famvir Flumadine Relenza Diskhaler Retrovir Symmetrel Zerit Zovirax Tablets/Capsules		
Asthma/COPD Inhalers and Nebulizer Solutions							
Non-Maintenance	Albuterol Metaproterenol		Ventolin HFA		Alupent Proair HFA Proventil HFA		Xopenex Xopenex HFA
Maintenance	Cromolyn Sodium Ipratropium Bromide		Advair Diskus Atrovent HFA Inhaler Flovent Pulmicort	Qvar Serevent Diskus Spiriva Symbicort	Alvesco Aerospan Asmanex Brovana Foradil		
Asthma/COPD - Oral Medications							
Maintenance	Albuterol Aminophylline Dyphylline Metaproterenol Terbutaline Theophylline		Accolate Singular		Alupent Tablets Brethine Choleydl SA Lufyllin Proventil Repatabs Proventil Tablets Quibron-T Respbid Slo-Bid Slo-Phyllin		Slo-Phyllin Syrup Theo-24 Theo-Dur Theolair Theolair SR Uniphyll Volmax Ventolin Tablets Zyflo CR
Blood Modifiers							
Non-Maintenance	Heparin Warfarin		Coumadin Lovenox		Arixtra Dicumarol	Fragmin Innohep	Miradon
Maintenance	Anagrelide Cilostazol Dipyridamole	Pentoxifylline Ticlopidine	Aggrenox Effient Plavix		Agrylin Amicar Persantine		Pletal Ticlid Trental
Cholesterol Lowering Agents - Statins							
Maintenance	Lovastatin Pravastatin Simvastatin		Caduet Crestor Lipitor		Advicor Altoprev Lescol Livalo	Lescol XL Mevacor Pravachol	Vytorin Zocor
Cholesterol Lowering Agents - Other							
	Colestipol Cholestyramine Gemfibrozil	Prevalite	Tricor Trilipix Lovaza	Niaspan Simcor	Antara Colestid Fibricor Lipofen	Lofibra Lopid Pravigard Triolide	Welchol Zetia

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
CONTRACEPTIVES (BIRTH CONTROL) Coverage Depends On Benefit Design			
Maintenance	Apri Aranelle Aviane Balziva Camila Cesia Cryselle Enpresse Errin Genora Jalessa Jolivet Junel Kariva Kelnor Leena Lessina Levora Low-Ogestrel Lutea Microgestin	Mononessa Necon Nelova Nor-Be Norel Ocella Ogestrel Portia Previfem Reclipsen Solia Sprintec Tilia FE Tri-Legest FE Tri-Io Sprintec Tri-Previfen-M Tri-Sprintec Trinessa Trivora Velivet Zovia	Loestrin FE 24 Ovcon 50 Ovrette Yaz Alesse Angeliq Brevicon Cyclessa Demulen Desogen Estrostep FE Jenest-28 Levite Lo/Ovral Lo-Seasonique Loestrin Lybrel Micrrette Modicon Nordette Norinyl Nor-QD Nuva Ring Ortho-Cept Ortho-Cyclen Ortho-EVRA Ortho-Micron Ortho-Novum 1/35 Ortho-Novum 1/50 Ortho-Novum 10/11 Ortho-Novum 7/7/7 OrthoTriCyclen Ortho TriCyclen Lo Ovcon 35 Ovral Seasonale Seasonique Tri-Levlen Tri-Norinyl Triphasil Yasmin
CORTICOSTEROIDS - ORAL			
Non-Maintenance	Cortisone Acetate Dexamethasone Hydrocortisone Methylprednisolone	Prednisolone Prednisone Triamcinolone	Aristocort Celestone Cortef Cortone Acetate Decadron Dexamethasone Intensol Liquid Pred Medrol PediaPred Prednisone Solution Prelone
CORTICOSTEROIDS - TOPICAL (FOR RASH, INFLAMMATION)			
Non-Maintenance	Alclometasone Amcinonide Betamethasone Desonide Desoximetasone Diflorasone Diacatate Fluocinonide	Fluticasone Halobetasol Hydrocortisone Mometasone Pramoxine Prednicarbate Triamcinolone	Aclovate Aristocort Diprolene Cloderm Cordran Cordran Tape Cutivate Cyclocort Derma- Smoothe/FS Dermatop Desonate Desowen Diprolene Diprosone Elocort Florone Halog Halog-E Hytone Kenalog Spray Lidex Locoid Luxiq Mantadil Olux-E Pandel Psorcon Synalar Temovate Textacort Topicort Ultravate Vanos Westcort
COUGH/COLD/ALLERGY PRODUCTS			
Non-Maintenance	Generic Cough/Cold/Allergy Combination Products		Allerx Allfen DM Allfen Anaplex DM Anaplex HD Aquatab Atuss Bidex-DM Biohist LA Bromfed Broncholate Brontex Codimal DM Codimal PH Dallerly Deconamine Deconasal II Donatussin Syrup Duratuss Dura-Vent Dynex Entex Entuss-D Extandryl Jr Guaifed Histex HC Humibid Levall Liquid Liquibid-D Lodrane Maxifed Medent LD Muco-Fen 800 DM Nalex-DM Nalex-DH Norel Nucofed Palgic Pancof Panmist Pannaz Phen-Plus Phenergan Poly-Histine Profen II Prolex D Prolex DM, DH Protuss-D Respa DM Respire-60 Rondec Rynatan Semprex-D Sudal DM Tanafed Tussend Tussionex Tussi-Organidin
DIABETIC ORAL AGENTS			
Maintenance	Acarbose Chlorpropamide Fexofenadine/PSE Glimepiride Glipizide Glipizide/ Metformin Glyburide	Glyburide/ Metformin Glyburide, Micronized Metformin Nateglimide Tolazamide Tolbutamide	Actoplus-met Actos Avandamet Avandaryl Avandia Duetact Glyset Janumet Januvia Amaryl Cycloset DiaBeta Fortamet Glucophage Glucophage XR Glucotrol
			Glucotrol XL Glucovance Glynaase Metaglip Onglyza Prandin Prandimet Precose Proglycem (non-maint.) Starlix
DIABETIC SUPPLIES (Meters, Test Strips)			
Non-Maintenance		FreeStyle Lite FreeStyle Freedom Lite Precision Xtra	
DIGESTANTS			
Maintenance		Ultras Ultras MT Viokase	Creon Kutrase Ku-Zyme Lipram Palcaps Pancrease Pancrecarb Pancrelipase Pangestyme Pancaps Panokase Ultracaps

The formulary is subject to change. Network pharmacies have the most up-to-date formulary information at the time your prescription claim is presented. As generic products become available, their brand name medication will be moved to the third tier or non-preferred status. The inclusion of a drug on this list does not imply coverage under all plans.

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
DIURETICS (Water Pills)			
Maintenance	Acetazolamide Acetazolamide ER Amiloride/HCTZ Bumetanide Chlorothiazide Chlorothiazide/ HCTZ Chlorthalidone Furosemide Hydrochlorothiazide	Indapamide Metolazone Methyclothiazide Spirinolactone Spirinolactone/ HCTZ Torsemide Triamterene Triamterene/ HCTZ	Aldactazide Aldactone Amiloride Bumex Capozide Clorpress Combipress Demadex Diamox Tablet Diamox Sequel Cap Diuril Suspension Diuril Tablet Dyazide Dyrenium Edecrin Hydrodiuril Hygroton Lasix Lozol Maxzide Midamor Moduretic Renese Zaroxolyn
ECZEMA/PSORIASIS MEDICATIONS			
Non-Maintenance	Anthralin Calcipotriene Solution Selenium Sulfide	Dovonex Soriatane	Altanax Capitol Shampoo Dithrocreme HP Drithrocreme Dritho-Scalp Selsun Taclonex Tazorac Vectical Zetar
ERECTILE DYSFUNCTION (Impotency) Coverage Depends On Benefit Design			
Non-Maintenance	Alprostadil Yohimbine	Viagra Cialis	Caverject Edex Levitra Muse
GASTROINTESTINAL (HEARTBURN, ULCERS) Coverage Depends On Benefit Design			
Maintenance	Cimetidine Dicyclomine Famotidine Lansoprazole Misoprostol Nizatidine	Omeprazole OTC Prilosec Pantoprazole Ranitidine Sucralfate	Nexium Aciphex Acid Bentyl Carafate Cytotec Helidac Kapidex Metozolv ODT Pepacid Prevacid Prevpac Prilosec Protonix Tagamet Zantac Zegerid
GASTROINTESTINAL MISC PRODUCTS			
Non-Maintenance	Clidinium Bromide Dicyclomine Glycopyrrolate Hyoscyamine	Metoclopramide Propantheline Bromide Scopolamine	Pylera Amitiza Bentyl Cantil Donnatal Levsin Pamine Pro-Banthine Reglan Robinul Sal-Tropine
GOUT MEDICATIONS			
Maintenance	Allopurinol Colchicine/ Probenecid	Probenecid Sulfapyrazone	Anturane Benemid Uloric Zyloprim
Non-Maintenance	Colchicine		Colcrys
HIGH BLOOD PRESSURE: ACE INHIBITORS			
Maintenance	Benazepril Captopril Enalapril Fosinopril Lisinopril	Moexipril Quinapril Ramipril Trandolapril	Accupril Aceon Altace Capoten Lotensin Mavik Monopril Prinivil Univase Vasotec Zestril
HIGH BLOOD PRESSURE: ACE INHIBITORS + DIURETIC			
Maintenance	Benazepril/ HCTZ Captopril/HCTZ Enalapril/HCTZ	Fosinopril/HCTZ Lisinopril/HCTZ Moexipril/HCTZ Quinapril/HCTZ	Accuretic Capozide Lotensin HCT Monopril HCT Prinzide Uniretic Vaseretic Zestoretic
HIGH BLOOD PRESSURE: ANGIOTENSIN II RECEPTOR ANTAGONIST (ARB)			
Maintenance		Diovan	Atacand Avapro Benicar Cozaar Micardis Teveten
HIGH BLOOD PRESSURE: ANGIOTENSIN II RECEPTOR ANTAGONIST (ARB) + CALCIUM CHANNEL BLOCKER			
Maintenance		Exforge	Azor Twynsta
HIGH BLOOD PRESSURE: ARB + DIURETIC			
Maintenance		Diovan HCT	Atacand HCT Avalide Benicar HCT Hyzaar Micardis HCT Teveten HCT
HIGH BLOOD PRESSURE: CALCIUM CHANNEL BLOCKERS			
Maintenance	Amlodipine Cartia XT Diltia XT Diltiazem Felodipine Isradipine Nicardipine	Nifedipine Nifedipine ER Nimodipine Nisoldipine Verapamil Verapamil ER	Caduet Adalat Calan Cardene SR Cardizem Cardizem CD Cardizem LA Covera-HS Dilacor XR Dynacirc Dynacirc CR Isoprin Nimotop Novvasc Plendil Procardia XL Sular Verelan PM
HIGH BLOOD PRESSURE: ACE-INHIBITOR + CALCIUM CHANNEL BLOCKER			
Maintenance	Amlodipine/Benazepril	Tarka	Lexxel Lotrel
HIGH BLOOD PRESSURE: BETA-BLOCKERS			
Maintenance	Acebutolol Atenolol Betaxolol Bisoprolol Carvedilol Labetalol	Metoprolol, XL Nadolol Pindolol Propranolol, XL Sotalol Timolol	Coreg CR Betapace Blocarden Bystolic Coreg Corgard Inderal Inderal LA Innopran XL Kerlone Levato Lopressor Normodyne Sectral Tenormin Trandate Toprol XL Visken Zebeta
HIGH BLOOD PRESSURE: BETA-BLOCKERS + DIURETIC			
Maintenance	Atenolol/ chlorthalidone Bisoprolol/ HCTZ	Metoprolol/ HCTZ Propranolol/ HCTZ	Dutoprol Inderide Lopressor HCT Tenoretic Ziac

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
HIGH BLOOD PRESSURE: MISCELLANEOUS			
Maintenance	Clonidine Clonidine/ Chlorthalidone Digoxin Doxazosin Eplerenone Guanabenz Guanfacine Hydralazine Hydralazine/ HCTZ Hydralazine/ HCTZ/Reserpine	Isoxsuprine Methyldopa/ HCTZ Minoxidil Nadolol/Bendo Papaverine Prazosin Reserpine Reserpine/HCTZ Terazosin	Lanoxicaps Laanoxin Tekturna Tekturna HCT Valturna Aldoril Aprezide Aprosaline Bidil Cardura Catapres Catapres-TTS Corzide Enduronyl Enduronyl Forte Hytrin Inspira Loniten Minipress Pavabid Ranexa Salutensin Ser-Ap-Es Teczem Tenex Vascor Vasodilan Wytensin
HORMONES			
Maintenance	Estradiol Estradiol/Norethindrone Estropipate Methoxyprogesterone Methyltestosterone	Alora Cenestin Combipatch Estinyl Femhrt Gynodiol Prefest	Premarin Premphase Prempro Vivelle Vivelle-Dot Activella Climara Climara Pro Divigel Elestrin Enjuvia Esclim Estrace Estraderm Estraderb Estratab Estratest Estratest H.S. Estronel Evamist Fempatch Femtrace Menostar Ogen Provera
Non-Maintenance	Norethindrone	Prometrium	Aygestin
INFLAMMATORY BOWEL AGENTS			
Maintenance	Sulfasalazine	Asacol	Amitiza Apriso Azulfidine Dipentum Lialda Lotronex Pentasa
Non-Maintenance	Mesalamine	Canasa Entocort EC	Colazal Rowasa
INSULINS			
Maintenance		Apidra Humalog Humulin Humulin 50/50 Humulin	70/30 Humulin N Humulin R Lantus Levemir Novolog Novolin 70/30 Novolin N Novolin R
MIGRAINE MEDICATIONS <i>Quantity Limitations May Apply</i>			
Non-Maintenance	Belladonna Butalbital/ASA/Caffeine Ergotamine Ergotamine/Caffeine Ergotamine/Phenobarbital Isometheptene Pentobarbital Phenobarbital Propranolol Sumatriptan	Relpax Treximet	Axert Amerge Bellerigal-S Cafegert D.H.E. Ergomar Frova Imitrex Maxalt Maxalt-MLT Migranal Nasal Spray Prenilin Sumavel Dosepro Wigraine Zomig Zomig ZMT
MUSCLE RELAXANTS			
Non-Maintenance	Carisoprodol Carisoprodol/ ASA Chlorzoxazone Cyclobenzaprine	Dantrolene Methocarbamol Methocarbamol/ ASA Orphenadrine Citrate	Amrix Dantrium Flexeril Norflex Parafon Forte Robaxin Robaxinal Skelaxin Soma Soma Compound
Maintenance	Baclofen	Tizanidine	Lioresal Zanaflex
NARCOTIC ANALGESICS (PAIN RELIEVERS-SEDATING)			
Non-Maintenance	Acetaminophen/Codeine Acetaminophen/Hydrocodone Acetaminophen/Oxycodone Acetaminophen/Propoxyphene Aspirin/Oxycodone Codeine Fentanyl Hydrocodone Hydromorphone Ibuprofen/Hydrocodone Meperidine Methadone Morphine Oxycodone Pentazocine Promethazine Propoxyphene Tramadol Tramadol/APAP	Oxycontin	Actiq Anxia Avinza Bancap-HC Capital And Codeine Combunox Darvocet Darvon-N Demerol DHC Plus Dilaudid Duragesic Embeda Fentora Floriset Fiorinal Kadian Lorcet Lortab Maxidone MS Contin MSIR Narcotic Analgesics Norco Nucynta Panlor DC Panlor SS Percocet Percodan Phenaphen Onsolis Opana Opana ER Oxy IR Roxicodone Stadol NS Synalgos Talacen Talwin Talwin Compound Talwin NX Tylenol With Codeine Tylox Ultracet Ultram Vicodin Vicoprofen Wygesic Zydone
NASAL PRODUCTS			
Non-Maintenance	Flunisolide Ipratropium Fluticasone	Rhinocort Aqua Veramyst	Astelin Astepro Atrovent NS Beconase AQ Fionase Nasacort AQ Nasalide Nasarel Nasonex Patanase Veramyst

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Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
NITRATES (FOR HEART/ANGINA)			
Maintenance (except for sublingual and inhaled dosage forms)	Amyl Nitrite Dipyridamole Isosorbide Dinitrate Isosorbide Mononitrate Nitroglycerin Nitroquick	Ranexa	Dilatrate SR Imdur Ismo Isordil Monoket Nitrobid Nitrodisc Nitro-Dur Nitrogard Nitrol Nitrolingual Nitrostat Sorbitrate Transderm-Nitro Patch
NON-NARCOTIC ANALGESICS (PAIN)			
Non-Maintenance	Choline Magnesium Diflunisal Salsalate		Disalcid Dolobid Equagesic Flextra DS Lobac Trilisate Zorprin
NON-SEDATING ANTIHISTAMINES Coverage Depends On Benefit Design			
Non-Maintenance	Cetirizine Cetirizine D Fexofenadine Fexofenadine/pse Loratadine	Loratadine D OTC Generic Claritin OTC Generic Zyrtec	Allegra Allegra D Clarinex Clarinex D Xyzal Zyrtec Zyrtec D
NON-STEROIDAL ANTIINFLAMMATORY AGENTS (NSAIDS) AND ANTI-RHEUMATIC AGENTS			
Non-Maintenance	Ibuprofen Suspension Indomethacin Suspension Ketorolac Methotrexate		Enbrel Humira Kineret Motrin Suspension Naprosyn Suspension Toradol
Maintenance	Diclofenac Etodolac Fenoprofen Flurbiprofen Ibuprofen Indomethacin Ketoprofen Leflunomide	Meclofenamate Meloxicam Nabumetone Naproxen Piroxicam Oxaprozin Sulindac Tolmetin	Celebrex Anaprox Anaprox DS Ansaid Arava Arthrotec Cataflam Clinoril Daypro Feldene Flector Anodcin Lodine Lodine XL Mobic Motrin Nalfon Naprelan Naprosyn Naprosyn EC Orudis Oruvail Ponstel Relafen Ridaura Telectin Voltaren Voltaren XR Zipsor
OPHTHALMIC PRODUCTS - GLAUCOMA			
Non-Maintenance	Apraclonidine Betaxolol Brimonidine Carteolol Dipivefrin Dorzolamide Dorzolamide/ Timolol Levobunolol	Pilocarpine Timolol	Azopt Betoptic S Xalatan Alphagan Alphagan P Betagan Betimol Betoptic Cosopt Epifrin Iopidine Isopto Carbachol Isopto Carpine Istalol Lumigan Miochol-E Ocupress Ocusert P1E1 P2E1 P3E1 P4E1 Phospho- line Pilocpine HS Propine Rev-Eyes Timoptic Travatan Trusopt
OPHTHALMIC PRODUCTS - PAIN/INFLAMMATION			
Non-Maintenance	Dexamethasone Diclofenac Fluorometholone Flurbiprofen Ketorolac Prednisolone Tetracaine Tobramycin/Dexamethasone	Alex Flarex FML Forte FML S FML SOP	Lotemax Tobradex Oint. Acular Acuvail Alcaine Alex Blephamide Cetapred Cortisporin Decadron Durezol Econopred Flarex FML Forte FML Liquifilm FML S FML SOP HMS Liquifilm Inflamase Isopto Cetapred Lotemax Maxidex Maxitrol Neo- Decadron Vexol Voltaren Ophthaine Ophthalmic Poly-Pred Pontocaine Pred Forte Pred G Pred Mild Tobradex Susp. Vasocidin Vexol Voltaren
OPHTHALMIC PRODUCTS - ANTI-INFECTIVES			
Non-Maintenance	Bacitracin Ciprofloxacin Erythromycin Gentamicin Gramicidin Neomycin Ofloxacin	Polymyxin B Sulfacetamide Sod Tobramycin Tobramycin/ Dexamethasone Trifluridine Trimethoprim	Tobradex Oint. AzaSite Besivance Betadine Bleph-10 Chloromycet Chloroptic Ciloxan Garamycin Ilotycin Iquix Natacyn Neosporin Ocuflox Polysporin Polytrim Quixin Sodium Sulamyd Terramycin Tobradex Susp. Tobrex Vasosulf Vigamox Viroptic Vitraser Vitravene Zylet Zymar
OPHTHALMIC PRODUCTS - ANTI-ALLERGENS Coverage Depends On Benefit Design			
Non-Maintenance	Cromolyn Ketotifen OTC Generic Zaditor	Alamast Alocril Alomide	Optivar Bepreve Crolom Elestat Emadine Pataday Patanol Zaditor
OPHTHALMIC PRODUCTS - MISCELLANEOUS			
Non-Maintenance	Atropine Cyclopentolate Homatropine	Naphazoline Phenylephrine Tropicamide	Albalon Cyclogyl Cyclomydril Homatropine Isopto Atropine Isopto Hyoscine Mydrin Mydracil Restasis
OSTEOPOROSIS DRUGS			
Maintenance	Alendronate Calcitonin	Actonel Boniva Monthly	Evista Forteo Didronel Fortical Fosamax Fosamax+D Miacalcin Spray Skelid

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
OTIC PRODUCTS (FOR THE EAR)			
Non-Maintenance	Acetic Acid Antipyrine/ Benzocaine Hydrocortisone Neomycin Sulfate Ofloxacin Phenylephrine Hydrochloride Polymyxin B Sulfate Pramoxine Hydrochloride	Cerumenex Ciprodex Cipro HC Coly-Mycin-S	Cortisporin TC Cresylate Pramotic Americaine Auralgan Cetraxal Cortane-B Cortisporin Domeboro Floxin Otic Oticin HC
PARKINSON'S DRUGS			
Maintenance	Benztropine Carbergoline Carbidopa/ Levodopa	Ropinirole Trihexyphenidyl Comtan Exelon Mirapex Requip XL	Stalevo Tasmar Artane Azilect Dostinex Kemadrin
Non-Maintenance	Amantadine Bromocriptine	Selegiline Lodosyn	Cogentin Elelpyril Parlodel Symmetrel Zelear
PROSTATE MEDICATIONS			
Maintenance	Doxazosin Finasteride	Prazosin Terazosin Avodart Flomax	Cardura Hytrin Minipress Proscar Rapaflo Uroxatral
SEDATIVE/HYPNOTICS AND ANTIANXIETY DRUGS			
Maintenance	Clonazepam		
Non-Maintenance	Alprazolam Alprazolam ODT Alprazolam XR Bupirone Chloral Hydrate Chlordiazepoxide Chlordiazepoxide/ Amitriptyline Clorazepate Diazepam Droperidol	Estazolam Flurazepam Hydroxyzine Lorazepam Meprobamate Oxazepam Phenobarbital Temazepam Triazolam Zaleplon Zolpidem	Ambien Ambien CR Atarax Ativan Buspar Butisol Sodium Dalmane Doral Educar Equanil Halcion Librax Librium Limbital Lunesta Miltown Nembutal Niravam Paxipam Placidyl Prosom Restoril Rozerem Secondal Serax Sonata Tovalt ODT Tranxene Valium Vistaril Xanax Xanax XR Zolpimist
SMOKING DETERRENTS Coverage Depends On Benefit Design			
Non-Maintenance	Bupropion		Chantix Habitrol Nicotrol Nicotinol Nicotrol NS Prostep Zyban
STIMULANTS (AMPHETAMINES)			
Maintenance	Amphetamine ER Dexmethylpheni- date Dextroamphet- amine	Methylin Methylphenidate Provigil Strattera	Adderall Adderall XR Concerta Cylert Daytrana Desoxyn Dexedrine Dexrostat Focalin Focalin XR Intuniv Metadate CD Nuvigil Ritalin Ritalin LA Ritalin SR Vyvanse Xyrem
THYROID MEDICATIONS			
Maintenance	Amphetamine Salt Combo Levothyroxine Liothyronine	Methimazole Propylthiouracil Unithroid Levoxyol Synthroid	Armour Thyroid Bio-Thyroid Cytomel Tapazole Thyrolar Tirosint
URINARY INCONTINENCE			
Maintenance	Flavoxate Oxybutynin	Detrol Detrol LA	Enablex Vesicare Ditropan Ditropan XL Oxytrol Sanctura Sanctura XR Urispas
Non-Maintenance	Bethanechol	Hyoscyamine	Cystospaz Toviaz Urecholine
VAGINAL PRODUCTS			
Non-Maintenance	Metronidazole Miconazole Nitrate Nystatin Terconazole Urea (Carbamide)	AVC Cleocin Vaginal Crinone Estring Premarin Sultrin	Aci-Jel Amino-Cerv Endometrin Estrace Vaginal Femring Gynazole-1 Metrogel Vaginal Monistat Dual-Pak Mycelex-G Terazol 3 Terazol 7 Vagifem Vagistat-1
WEIGHT LOSS PRODUCTS Coverage Depends On Benefit Design			
Non-Maintenance	Benzphetamine Diethylpropion	Phendimetrazine Phentermine Meridia	Adipex-P Bontril Didrex Fastin Ionamin Tenuate Xenical
SPECIALTY PHARMACY PRODUCTS Coverage Depends On Benefit Design			

Medication listed in italics and underlined are considered preferred.

Coverage of other agents depends on plan limitations.

CATEGORY

Acromegaly
Anemia
Chronic Granulomatous Disease
Coagulation Therapy
Growth Hormones
Headaches
Interferons
HIV
Multiple Sclerosis
Miscellaneous
Osteoporosis
Parkinson's
Precocious Puberty
Psoriasis
Rheumatoid Arthritis

MEDICATION

Sandostatin
Aranesp, Procrit, Epogen, Cyanocobalamin
Actimmune
Lovenox, Arixtra, Fragmin, Heparin, Innohep, Hemophilia products
Humatrope, Genotropin
Dihydroergotamine (DHE 45)
Infergen, Intron A, Peg-Intron, Pegasys, Rebetron, Roferon A
Fuzon
Avonex, Betaseron, Rebif, Copaxone
Neulasta, Neumega, Neupogen
Forteo
Apokyn
Histreltin, Lupron
Humira
Humira

The formulary is subject to change. Network pharmacies have the most up-to-date formulary information at the time your prescription claim is presented. As generic products become available, their brand name medication will be moved to the third tier or non-preferred status. The inclusion of a drug on this list does not imply coverage under all plans.

NON-PREFERRED FORMULARY MEDICATIONS AND THEIR PREFERRED FORMULARY ALTERNATIVE

NON-PREFERRED FORMULARY MEDICATION	PREFERRED FORMULARY ALTERNATIVE
Abilify	Risperidone, Zyprexa, Seroquel
Accu-Check	Freestyle Lite, FreeStyle Freedom Lite, Precision Xtra
Advicor.....	lovastatin, simvastatin, pravastatin, Lipitor, Crestor
Allegra-D	loratadine D, cetirizine D, fexofenadine/pse
Amerge	Relpax, sumatriptan
Avalide	Diovan HCT
Avapro.....	Diovan
Bayer Contour.....	Freestyle Lite, FreeStyle Freedom Lite, Precision Xtra
Bayer Breeze	Freestyle Lite, FreeStyle Freedom Lite, Precision Xtra
Benicar	Diovan
Clarinox.....	loratadine, fexofenadine, cetirizine
Clarinox D	loratadine D, cetirizine D, fexofenadine/pse
Cozaar	Diovan
Enbrel	Humira
Foradil	Serevent
Frova.....	Relpax, sumatriptan
Hyzaar	Diovan HCT
Lescor.....	lovastatin, simvastatin, pravastatin, Crestor, Lipitor
Lescor XL	lovastatin, simvastatin, pravastatin, Crestor, Lipitor
Lexapro	citalopram, paroxetine, fluoxetine, sertraline
Lexxel	Tarka, amlodipine/benazapril
Lumigan	Xalatan
Maxalt	sumatriptan, Relpax
Nasacort AQ	flunisolide, fluticasone, Rhinocort Aqua, Veramyst
Nasonex.....	fluticasone, Rhinocort Aqua, Veramyst
Patanol.....	OTC Zaditor, ketotifen, Optivar
Plavix.....	Effient
Prevacid.....	OTC Prilosec, omeprazole, Nexium, lansoprazole
One Touch Ultra.....	Freestyle Lite, FreeStyle Freedom Lite, Precision Xtra,
Vytorin.....	lovastatin, simvastatin, pravastatin, Lipitor, Crestor
Xenical.....	Meridia

PREFERRED DRUG LIST MEDICATIONS

This list contains the Preferred Brand Name Medications listed on the second tier of the formulary.

Accolate	Comtan	Fortovase	Metrogel Topical 1%
Actonel	Coreg CR	Freestyle Light	Mirapex
Actoplus-met	Cortisporin	Freestyle Freedom Light	Namenda
Actos	Cortisporin TC	Furadantin	Nexium
Advair Diskus	Coumadin	Furoxone	Niaspan
Agenerase	Crestor	Fuzeon	Norvir
Aggrenox	Cresylate	Gabitril	Optivar
Alamast	Crinone	Gantrisin	Orap
Alocril	Crixivan	Geodon	Ovcon 50
Alomide	Cymbalta	Glyset	Ovrette
Alora	Detrol	Gynodiol	Oxycontin
Alrex	Detrol LA	Humalog	Plavix
Apidra	Diastat	Humulin	Pramotic
Aptivus	Dilantin	Humulin 50/50	Precision Xtra
Aricept	Diovan	Humulin 70/30	Prefest
Asacol	Diovan HCT	Humulin N	Premarin
Atripla	Dovonex	Humulin R	Premphase
Atrovent HFA Inhaler	Duetact	Intelence	Prempo
Avandamet	Effient	Invirase	Prezista
Avandaryl	Emtriva	Isentress	Prometrium
Avandia	Enablex	Janumet	Provigil
AVC	Entocort EC	Januvia	Pulmicort
Avodart	Epivir	Kaletra	Pylera
Azopt	Epivir HBV	Keppra XR	Qvar
Benzaclin Gel	Epzicom	Ketek	Ranexa
Betoptic S	Estinyl	Lanoxicaps	Relpax
Boniva Monthly	Estring	Lanoxin	Requip XL
Caduet	Evista	Lantus	Rescriptor
Canasa	Exelon	Levaquin	Reyataz
Celebrex	Exelon Patches	Levemir	Rhinocort Aqua
Cenestin	Exforge	Levoxyl	Selzentry
Cerumenex	Felbatol	Lexiva	Serevent Diskus
Cialis	Femhrt	Lipitor	Seroquel
Cipro HC	Flarex	Lodosyn	Seroquel XR
Ciprodex	Floxam	Loestrin FE 24	Simcor
Cleocin Vaginal	Flovent	Lotemax	Singulair
Cognex	FML Forte	Lovenox	Soriatane
Coly-Mycin-S	FML S	Lovaza	Spiriva
Combipatch	FML SOP	Lyrice	Stalevo
Combivir	Forteo	Meridia	Strattera

continued on next page

PREFERRED DRUG LIST MEDICATIONS – continued

This list contains the Preferred Brand Name Medications listed on the second tier of the formulary.

Sultrin	Venlafaxine ER
Sustiva	Ventolin HFA
Symbicort	Veramyst
Symbyax	Vesicare
Synthroid	Viagra
Tamiflu	Videx
Tarka	Viokase
Tasmar	Viracept
Tegretol	Viramune
Tegretol XR	Vivelle
Tekturna	Vivelle - Dot
Tekturna HCT	Xalatan
Tikosyn	Yaz
Tobradex Oint.	Ziagen
Treximet	Zmax
Tricor	Zovirax Cream/Oint.
Trilipix	Zyprexa
Trizivir	Zyprexa Zydis
Truvada	
Ultrase	
Ultrase MT	
Valtrex	
Valturna	



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